

IMPLANTS

DENTURES
PARTIALS

PAUL O'NEILL

O'Neill Dental Lab

12033 4TH ST., SUITE 2
YUCAIPA, CALIFORNIA 92399
PHONE (909) 797-3543

FROM _____ WORK ORDER NUMBER _____ DATE _____

DR. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ AM _____ PM _____ FINISH _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION)

- MALE FEMALE
- VIGOROUS SOFT
- AGE _____

MAJOR CONNECTOR

- Horseshoe
- Palatal Bar
- Circular Bar
- Lingual Bar
- Lingual Plate

CLASPING:

- Roach
- RPI
- Akers

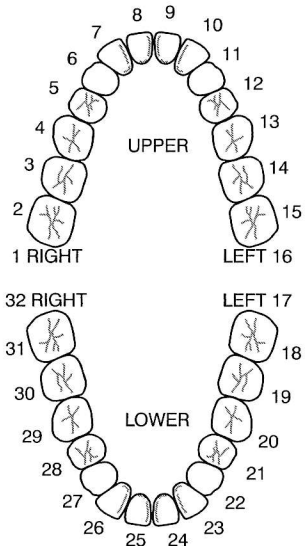
FINISH CLASP:

- Light
- Medium
- Heavy

- CHECK BASIC FACE FORM
- Square Square Tapering
 - Tapering Ovoid

- OK to relieve opposing? Yes No
- OK to Change Clasps Type? Yes No
- OK to Change Major Connector? Yes No

SPECIAL INSTRUCTIONS



- TOOTH SHADE _____
- Teeth Sent
 - Articulator Sent

Dentist's License Number _____ Date _____

Personal Signature of Dentist

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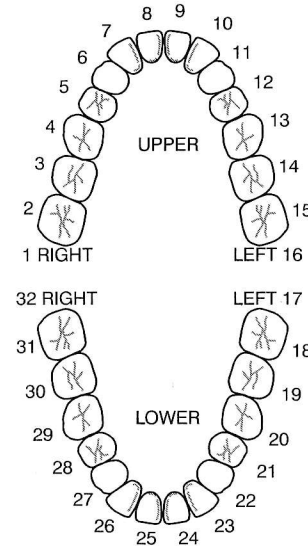
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